

State of Delaware Contract #05-091-AC

Xerox End of Term Lease Notification Equipment Return Request

(Please Fax or Email This Form 30 Days Prior to Lease Term Expiration to Xerox
Fax: 267-468-6071 or Email: Michael.Popen@xerox.com)

Date of Request: _____ Customer Name: _____

End of Term Options

☐ Return Equipment

Contact Information

Name _____ Title _____

Email _____ Phone Number _____

Fax Number _____ Authorized Signature _____

Equipment Location Address: _____

Building Name, Room/Suite Number _____

City, State & Zip Code _____

Instructions: _____

Equipment Information

Copier Model & Serial Number

Accessories

Meter Read

Date Form Faxed

Return Date Requested

Date: _____